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**Date:** February 27, 2009  
**To:** Commissioner for Patents  
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**Fax:** 571-273-8300  
**From:** Janice V. Rice, Reg. No. 50,606  
**Company** Exelixis, Inc.  
**Phone:** 650-837-7553  
**Fax:** 650-837-8234  
**Subject:** U.S. Patent Application 10/533,555  
**Entitled:** Kinase Modulators  
**Attorney**  
**Docket No.:** EX03-037C-US

**Total number of pages including cover sheet: --3--**

#### OFFICIAL DOCUMENTS:

The following documents are attached for the above-referenced patent application:

1) Fax Cover sheet	1 page.
2) Transmittal Form	1 page.
3) <u>Applicant Initiated Interview Request Form</u>	<u>1 pages.</u>
	Total 3 pages

\*\*\*\*\*

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Laura A. Huntington  
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PTO/SB/21 (01-09)

Approved for use through 02/28/2009. OMB 0651-0031

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TRANSMITTAL  
FORM

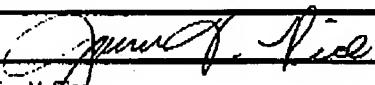
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	-2-	Application Number	10/533,555
		Filing Date	May 2, 2005
		First Named Inventor	Wei XU
		Art Unit	1625
		Examiner Name	John MABRY
		Attorney Docket Number	EX03-037C-US

## ENCLOSURES (Check all that apply)

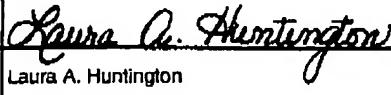
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Form PTOL-413A, Applicant Initiated Interview Request Form.
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Express Abandonment Request	Please note that this document and its attachment were faxed to the USPTO's main facsimile number (571)-273-8300 with a courtesy copy faxed directly to the Examiner.	
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EXELIXIS, Inc.		
Signature			
Printed name	Janice V. Rice		
Date	February 27, 2009	Reg. No.	50,606

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Laura A. Huntington	Date	February 27, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTOL-413A (01-09)  
Approved for use through 02/28/2009. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## Applicant Initiated Interview Request Form

Application No.: 10/533,555

First Named Applicant: Wei XU

Examiner: John MABRY

Art Unit: 1625

Status of Application: Pending-AF

## Tentative Participants:

(1) Janice V. Rice

(2) John Mabry, PhD

(3)

(4)

Proposed Date of Interview: March 5, 2009

Proposed Time: 4:00 EST AM/PM

## Type of Interview Requested:

(1)  Telephonic(2)  Personal(3)  Video Conference

Exhibit To Be Shown or Demonstrated:

 YES NO

If yes, provide brief description: \_\_\_\_\_

## Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) 112 Rejection	1,8,9,12-17 and	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	39-48	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Continuation Sheet Attached

## Brief Description of Argument to be Presented:

Applicant will request clarification of the enablement rejection.

An interview was conducted on the above-identified application on \_\_\_\_\_.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
Applicant/Representative Signature

Janice V. Rice

\_\_\_\_\_  
Examiner/SPE Signature\_\_\_\_\_  
Typed/Printed Name of Applicant or Representative

50,606

\_\_\_\_\_  
Registration Number, if applicable

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